GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:5495
ANSWERED ON:29.08.2001
JAUNDICE CHILDREN
SURESH CHANDEL

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether most of the babies taking birth in the Government hospitals get inflicted with jaundice within 48 hours from their birth;

(b) if so, the type of jaundice they sufer from and the reasons therefor;

(c) the percentage of babies who were inflicted with jaundice during their birth in the last three years; and

(d) the measures taken by the Government to prevent it and extent to which the success has been achieved in this regard?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a)to(d): The Indian Council of Medical Research has informed that the most common type of jaundice appearing within 24 to 72 hours of age is physiological jaundice. About 60-70 percent of healthy newborn babies are likely to develop physiological jaundice. This type of jaundice usually disappears before 14 days of life and does not need any specific therapy. In pre-term babies the peak of physiological jaundice is seen a little later, and it takes relatively longer time to disappear.

Jaundice appearing within 24 hours of age is always pathological. About five percent of babies develop pathological jaundice. The causes of jaundice within 24 hours of birth are idiopathic, prematurity, ABO incompatibility, RH isoimmunisation G6PD deficiency, septicaemia, intrauterine infections, hypothyroidism, metabolic disorders. Investigations need to be performed to identify the cause of jaundice and remedial action taken.

Physiological jaundice occurs due to hepatic immaturity of the liver (regarding uptake, conjugation and execration of bilirubin), relative polycythaemia with reduced life span of neonatal red blood cells, and exaggerated enterhepatic circulation of bilirubin. Physiological jaundice may be aggravated and prolonged by prematurity, birth asphyxia, acidosis, hypothermia, hypoglycaemia, cephalhaematoma, drugs, polycythaemia, cretinism, infections and mild haemolytic states.

Physiological jaundice do not need any specific therapy and it resolves on its own. However, the baby must be watched closely for the severity of jaundice. Investigations are required only in case of jaundice getting severe or persistent.

The data on percentage of babies who were inflicted with jaundice during their birth in the last three years is not maintained.

In the Reproductive and Child Health Programme of Government of India essential newborn care has been strengthened.In this programme the health workers are trained to identify pathological jaundice and refer them to the appropriate facility.